



Specialized Care Track II Program for OEF/OIF Returnees



Collaborators



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Objectives



- ♠ Describe the DHCC SCP Track II Program for War-Related Trauma Spectrum Responses
- ♠ Define appropriate program candidates
- ♠ Review program outcome data
- ♠ Discuss referral of possible participants



Gulf War Health Center

Caring for America's Finest

Walter Reed Army Medical Center

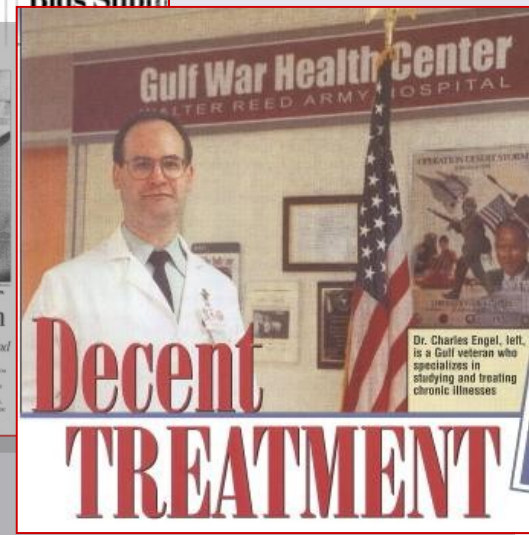


Cognitive Behavioral Therapy and Aerobic Exercise for Gulf War Veterans' Illnesses

A Randomized Controlled Trial

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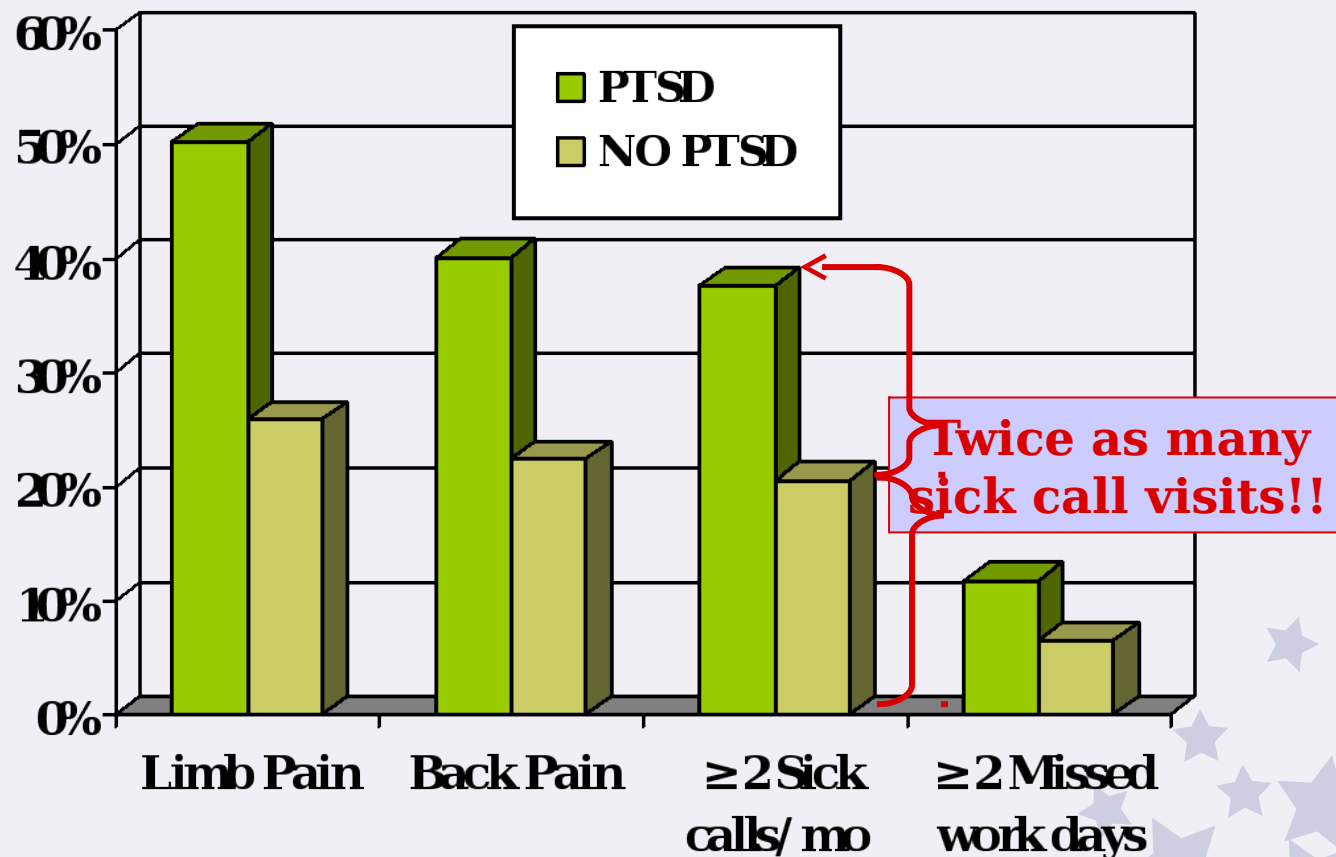
Intensive Rehabilitation Efforts Build Trust



Post-Deployment Health Consequences



2,863 Iraq War Veterans one-year post-deployment



Hoge et al, AJP 2007

Global War on Terror



- ♠ Near-ubiquitous exposure to military-related trauma, particularly after service in Iraq
 - 20% of returning Iraq personnel report moderate to severe emotional difficulties
 - Only 13-27% report any specialized care in last 12 months

(Hoge, NEJM, 2004)

- ♠ Stigma, supportive service spectrum, and barrier reduction needed to increase access and reduce impact



SCP Track II - What Is It?



- ♠ Three-week intensive outpatient group
- ♠ Group-Peer cohesion focus
- ♠ Designed to assist OIF/OEF Returnees
- ♠ 40 months of longitudinal follow-up
- ♠ Compatible with VHA/DoD Post-Traumatic Stress Clinical Practice Guideline

Who Participates?

Inclusion Criteria

- ♠ OIF/OEF Returnees with:
 - PTSD,
 - Traumatic depression/grief, or
 - Ongoing readjustment...
 - With or without associated somatic symptoms
- ♠ Eligible for DoD care
- ♠ Ambulatory – program is only done on intensive outpatient basis
- ♠ Consents to participation

Who Participates? (continued)

Exclusion Criteria

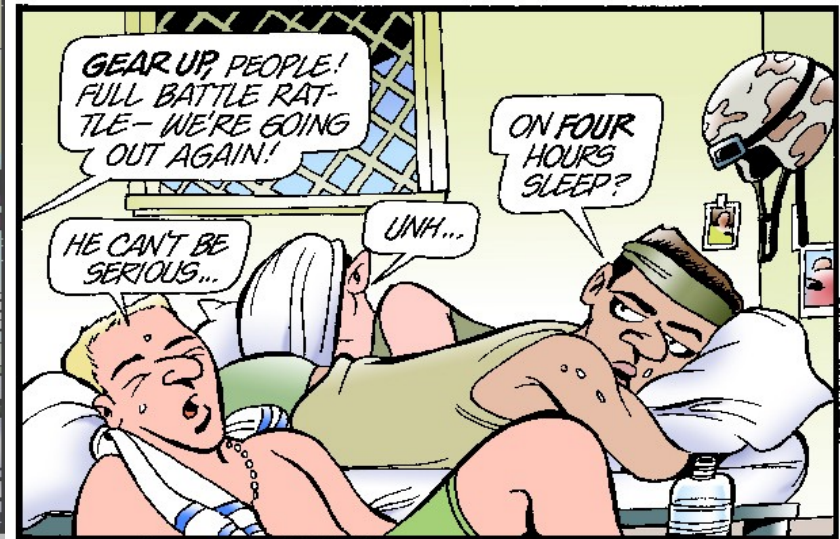
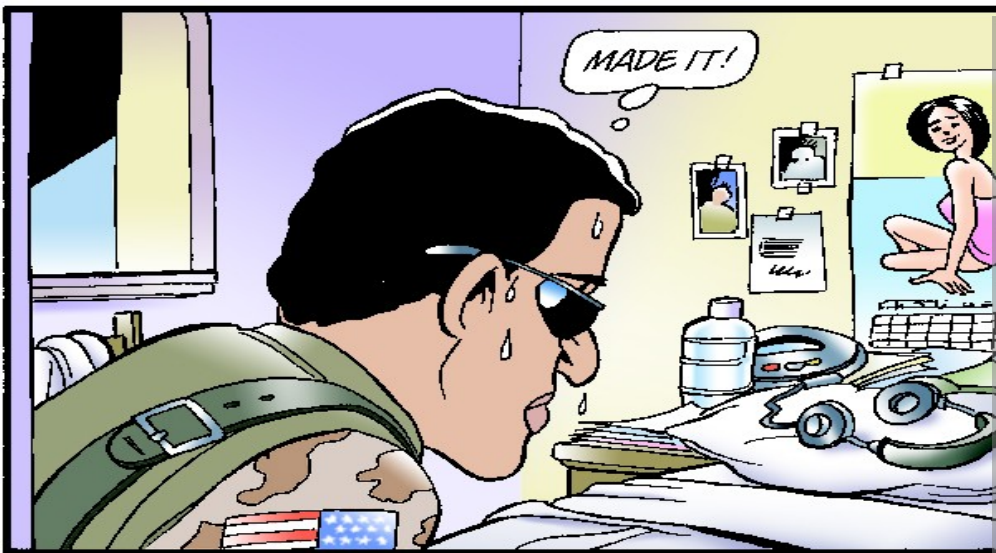
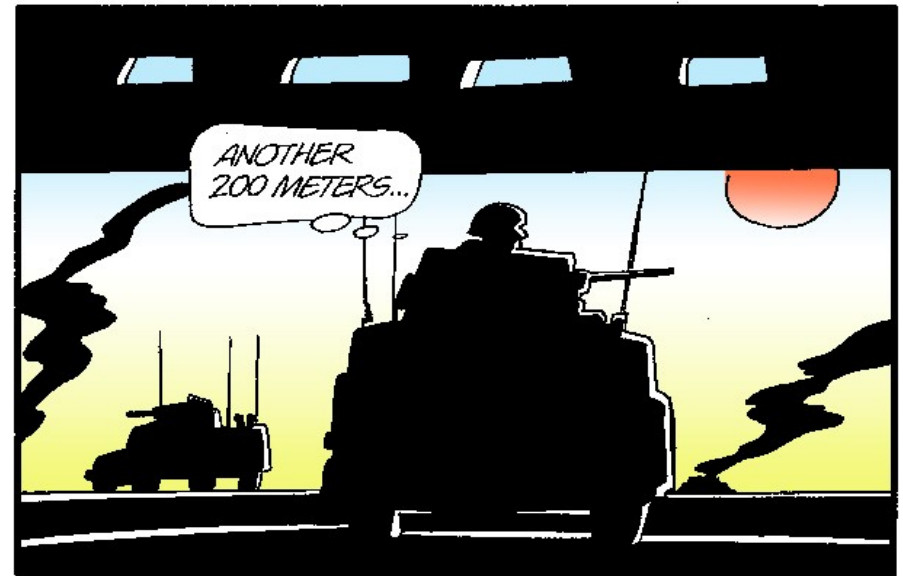
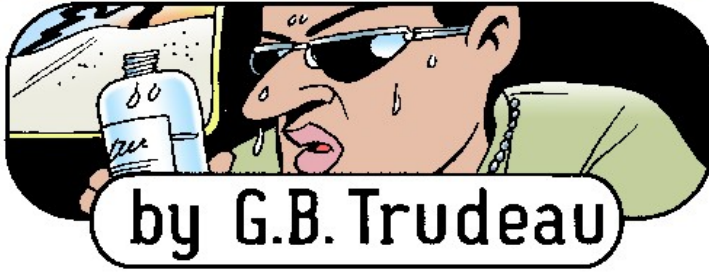


- ♠ Current active suicidality
- ♠ Current active psychosis
- ♠ Current active substance dependence
- ♠ Clinically significant cognitive impairment

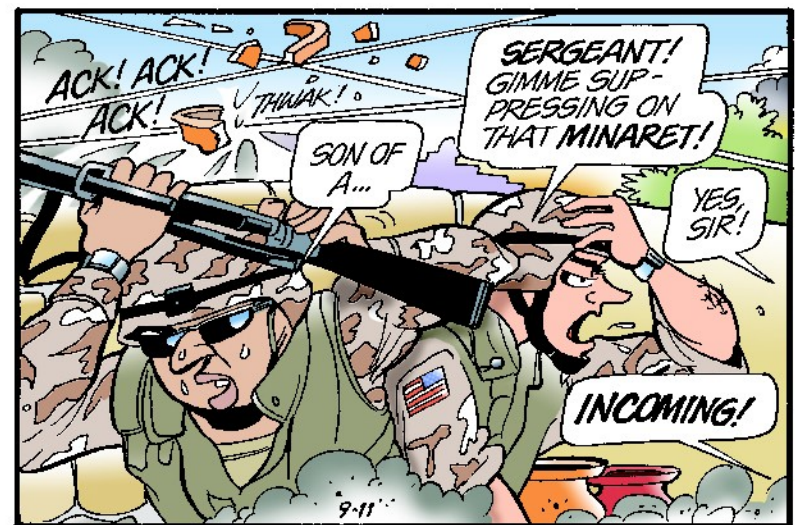
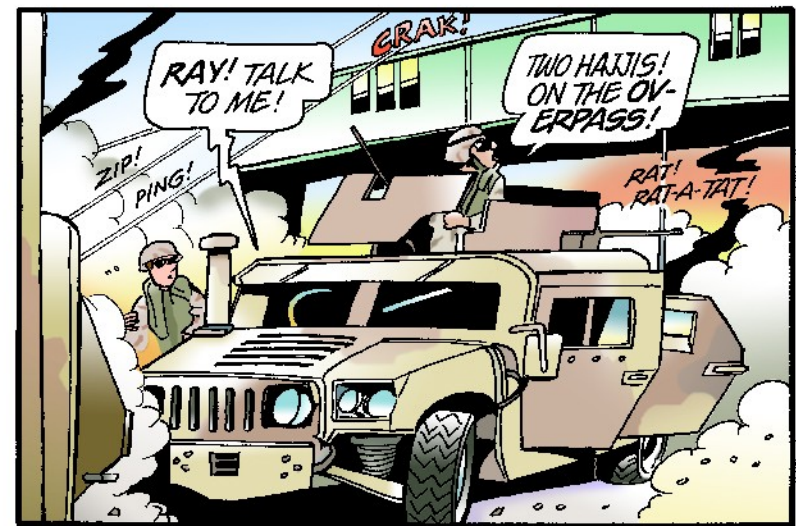
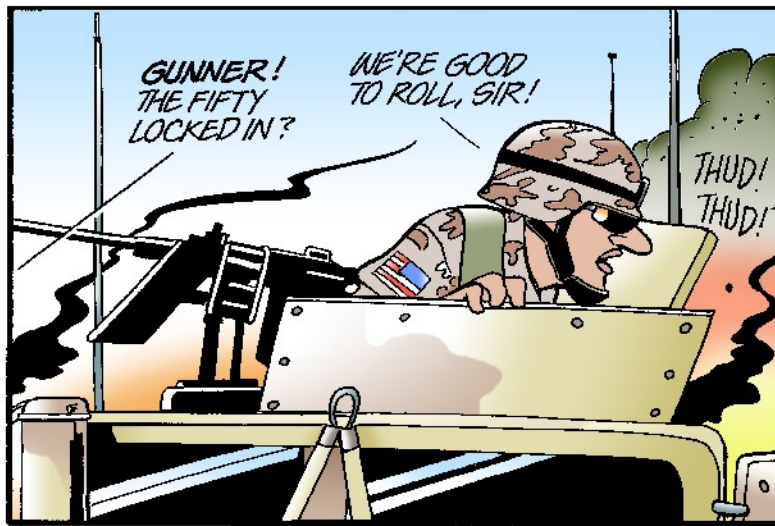
Key Objectives (Broad)

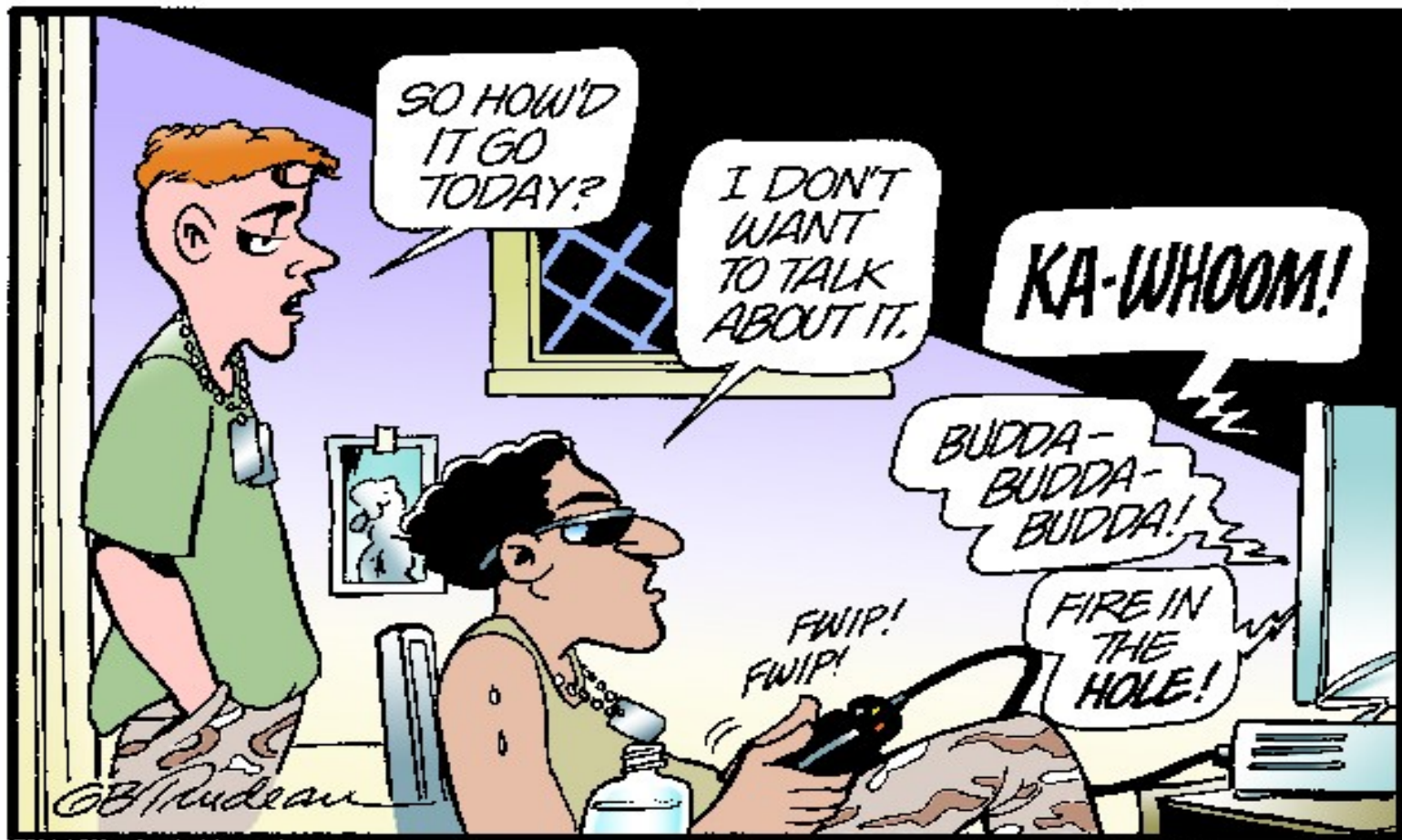
- ♠ Provide a holistic mind-body approach
- ♠ Reduce symptoms of combat stress and facilitate readjustment
- ♠ Prevent chronic PTSD
- ♠ Mitigate associated PTSD symptoms
- ♠ Improve social and occupational functioning

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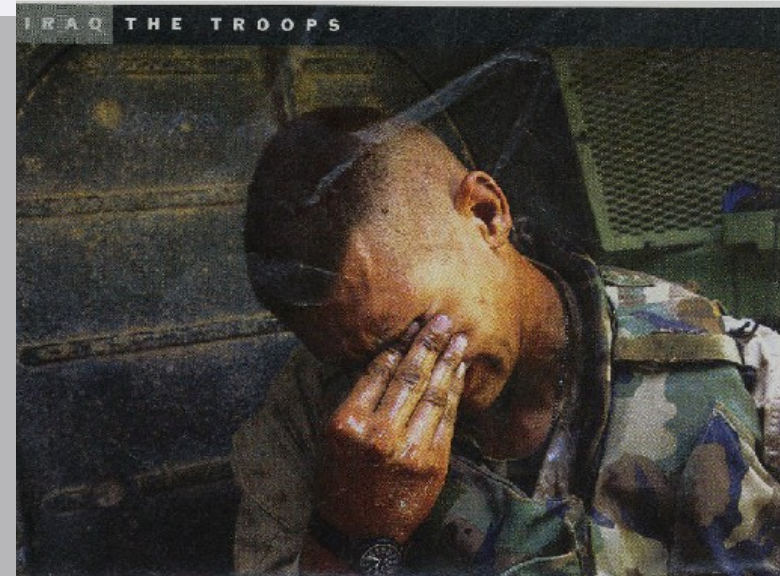


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*My **hidden wounds** are the hardest to heal. The physical wounds are nearly all better, now I need to find some peace with myself. I wish I could get his dying face out of my mind.” OIF combat vet July '05*

♠ **Goals of resolving combat operational stress:**

- To reduce physical arousal and stress
- To examine your world more realistically
- To manage reminders of your war experiences
- To transition from “Combat Brain and Body” to your home world



General Philosophy



Highly individualized & patient-centered

- ♠ Soldier-centered
- ♠ Strength-based
- ♠ Cognitive Behavioral Approach with Somatic Interventions
- ♠ Active self-management plan and gradual implementation strategy
- ♠ Continuity of care with coordinated aftercare
- ♠ Peer support/start and finish together

Participants Basic Principles of Healing



- ♠ Healing starts by applying skills to manage symptoms
- ♠ Healing is a process that starts with processing and not avoiding
- ♠ Healing occurs in a climate of safety
- ♠ Healing requires awareness and acceptance of self
- ♠ Healing means finding a new balance in life
- ♠ Healing is not simply the absence of suffering

Employs Empirically Validated



(Evidenced-Based) Components

- ♠ Cognitive Behavioral Therapies (CBT)
 - Cognitive
 - Behavioral
 - Cognitive reprocessing
- ♠ Exposure Therapies (a special case of CBT)
 - Individualized
 - Modified EMDR (a form of exposure)
- ♠ Medication Management
 - Emphasis on total medication review seeking parsimonious regimen
 - Evidence-based therapeutics – SSRIs, venlafaxine, prazosin

Program Structure



- ♠ Three weeks in duration
- ♠ 0800-1630 weekdays
- ♠ 4 to 8 Soldiers per 3-week cohort
- ♠ Local billeting for non-local participants
- ♠ Forty weeks of clinical follow-up
- ♠ Three months of program evaluation follow-up

A Typical Day in SCP Track II



- ♠ 0800-0850 - Group Exposure Therapy
- ♠ 0900-1130 - Three slots for individual appointments (with physician, therapist, PT, nurse, and other therapies)
(yoga, massage therapy, pool therapy)
- ♠ 1230-1320 - Exercise/Recreation (includes cardio, strength training, recreational activities)
- ♠ 1330-1420 – Participatory Ed Group
- ♠ 1430-1520 – Participatory Ed Group
- ♠ 1530-1600 – Yoga Nidra

Participatory Education Group Topics



- ♠ Stress Basics
- ♠ Change and Self Assessment
- ♠ Neurophysiologic impact of PTSD:
“Combat Brain and Body”
- ♠ Self-Talk-CBT (Reducing cognitive distortions)
- ♠ Sleep Hygiene and Traumatic Nightmare Reduction
- ♠ Practice: Self Monitoring, High Risk Situations, and Containment Skills
- ♠ Taming Temper
- ♠ Traumatic Grief and Loss
- ♠ Survivor Guilt and Shame
- ♠ Shattered Assumptions
- ♠ Traumatic Growth
- ♠ Spiritual/Existentialist Dimensions of War and Trauma-Finding meaning in sacrifice
- ♠ Managing Family/Child Relationships



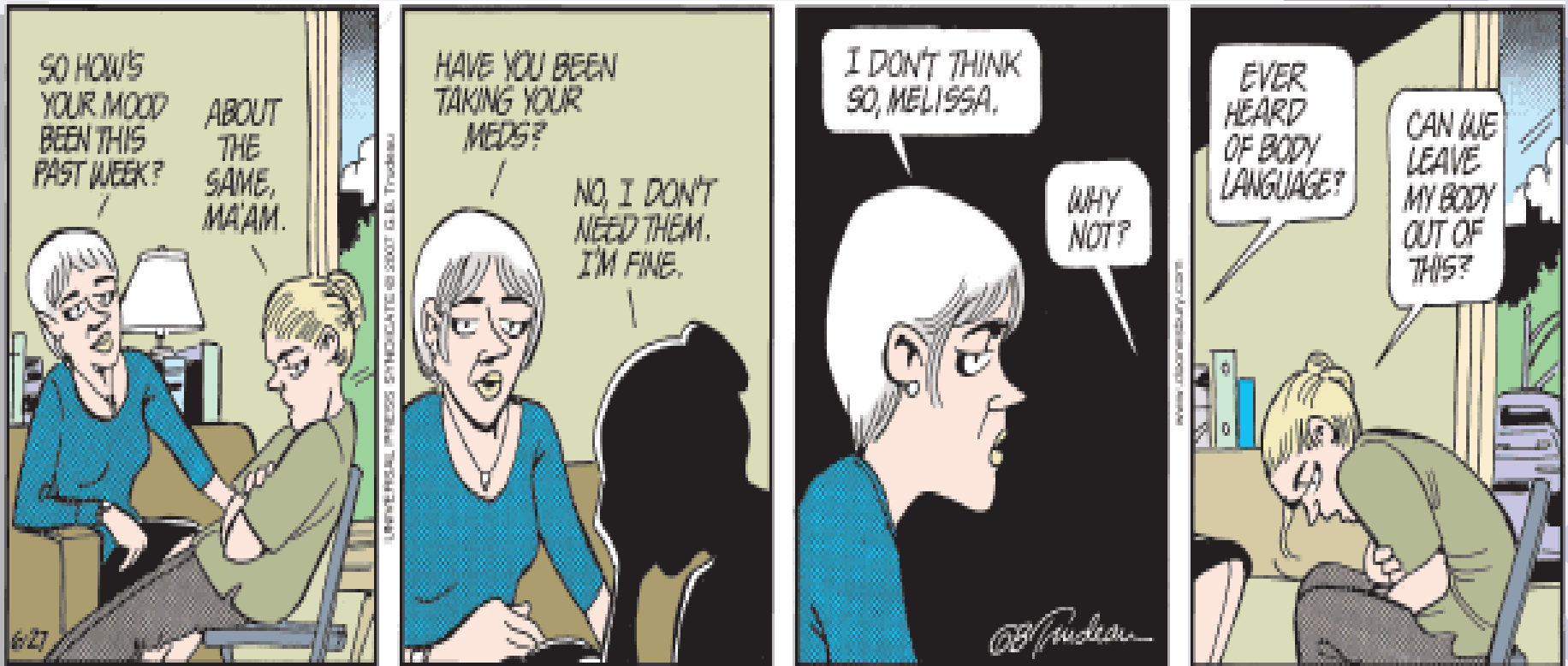
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Clinical Lessons Learned



- ♠ Combat-related exposures are complex and multisystemic
- ♠ Work with the body is crucial
- ♠ Use military metaphors
- ♠ They are expert on their experience
- ♠ Essential to reestablish community
- ♠ Involve family
- ♠ Finding meaning and purpose in service critical to reconciling war experiences.

The Body Speaks



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Key Outcomes and Metrics



- ♠ Post-traumatic stress symptoms (PCL-17)
- ♠ Depression symptoms (PHQ-9)
- ♠ Somatic symptoms (PHQ-15)
- ♠ Participant satisfaction (Global self-rating)
- ♠ Functional status (SF-12)

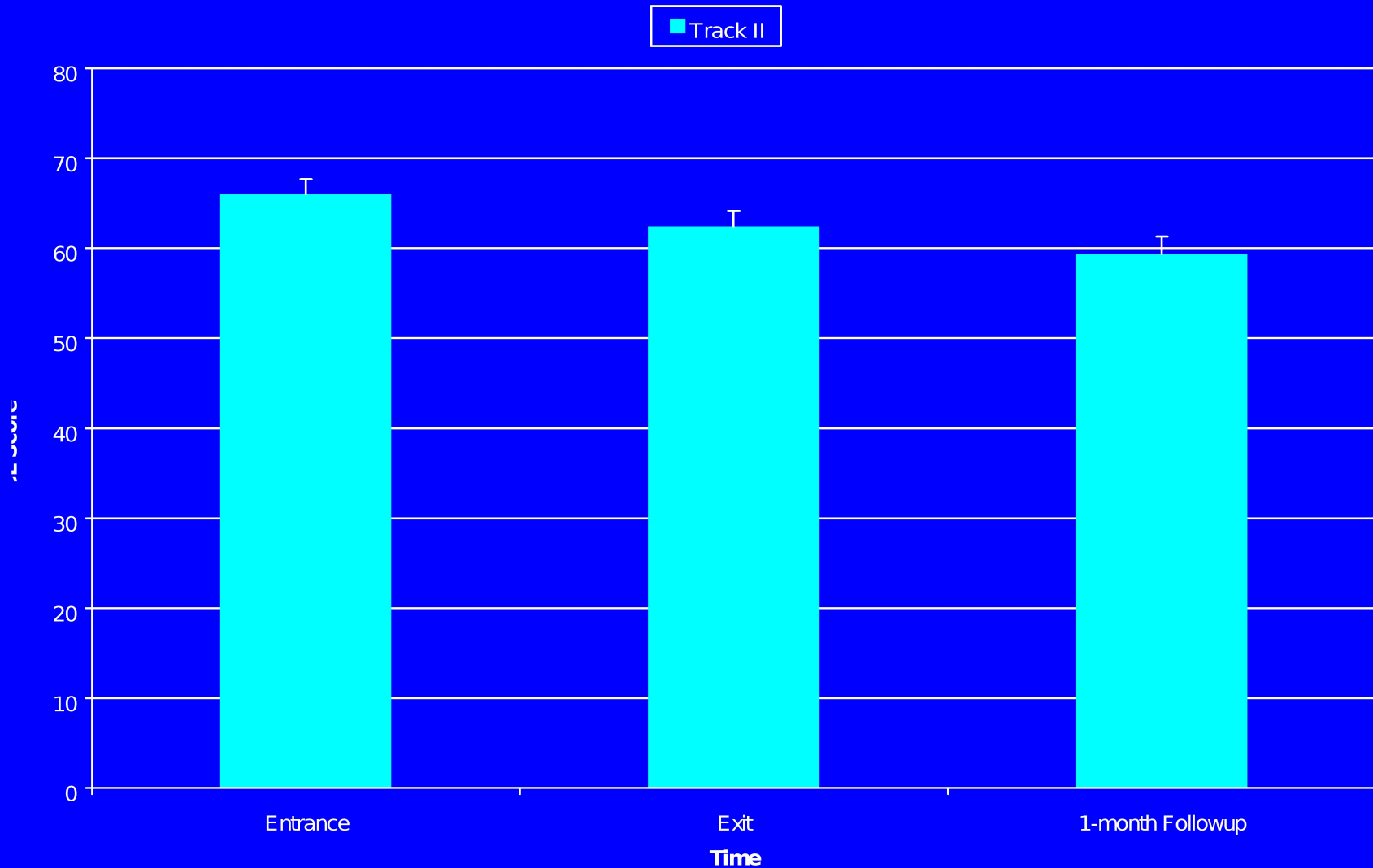
Patient Demographics (N = 95)



Mean Age (\pmSD)	34.8 (9.0)
Men (number, %)	83, 87.4%
High school graduate or less	39.6%
Currently married (number, %)	58, 61.1%
Caucasian (number, %)	43, 45.1%
Army (number, %)	91, 95.7%

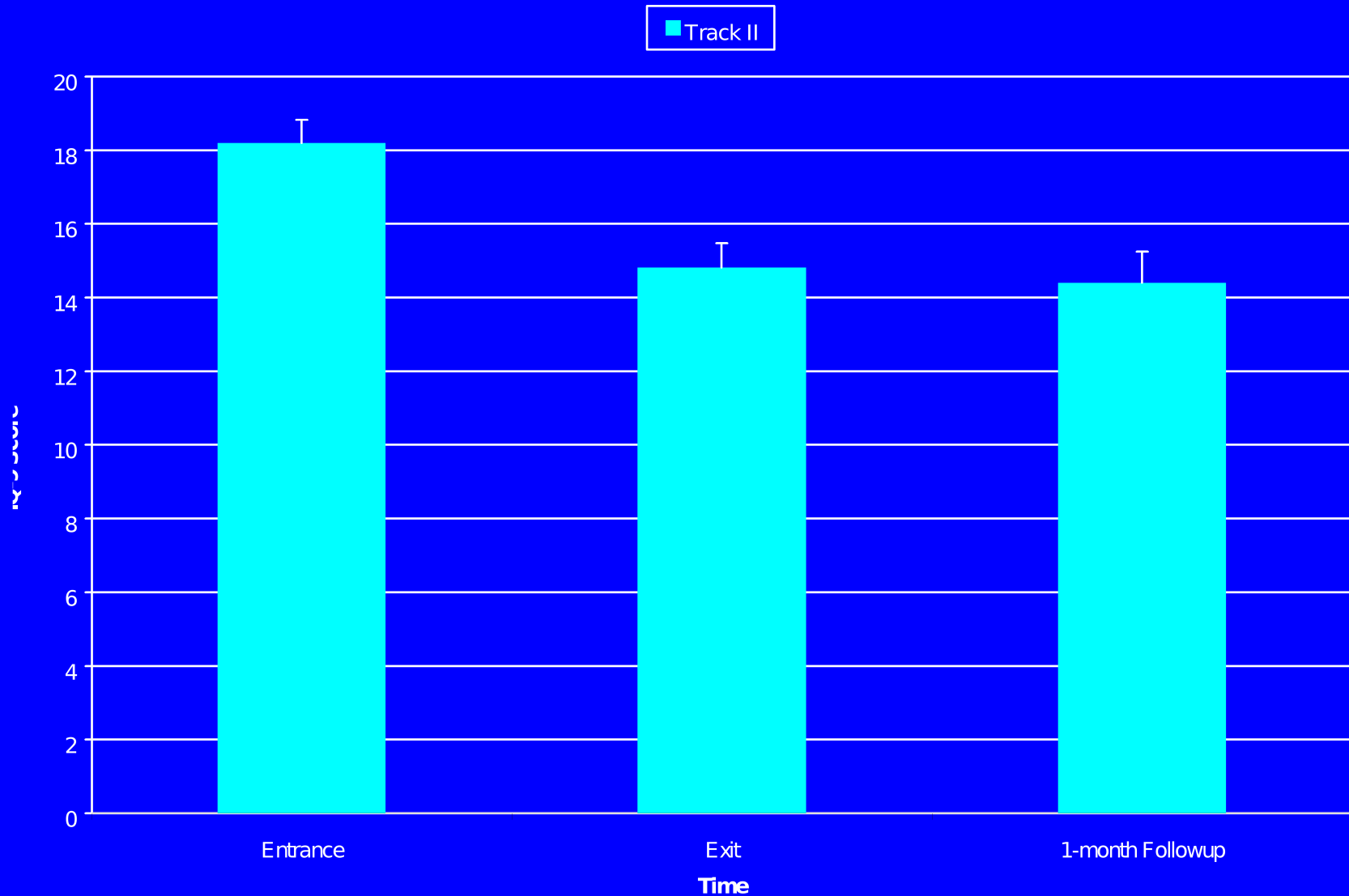
PTSD symptoms decrease...

Mean PCL Scores at three Time Points among Track II Patients



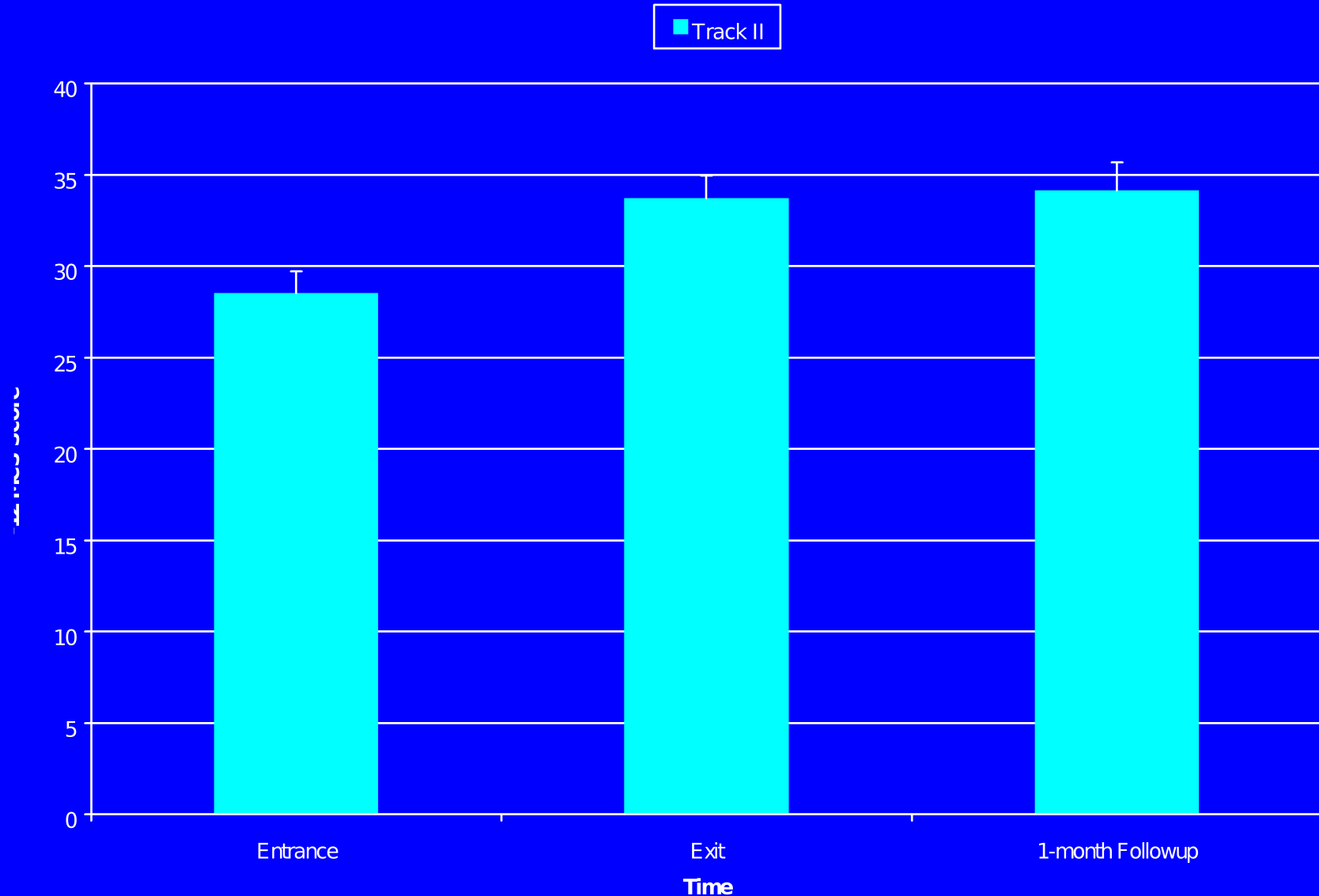
Depression symptoms decrease...

Mean PHQ-9 Scores over three Time Points among Track II Patients



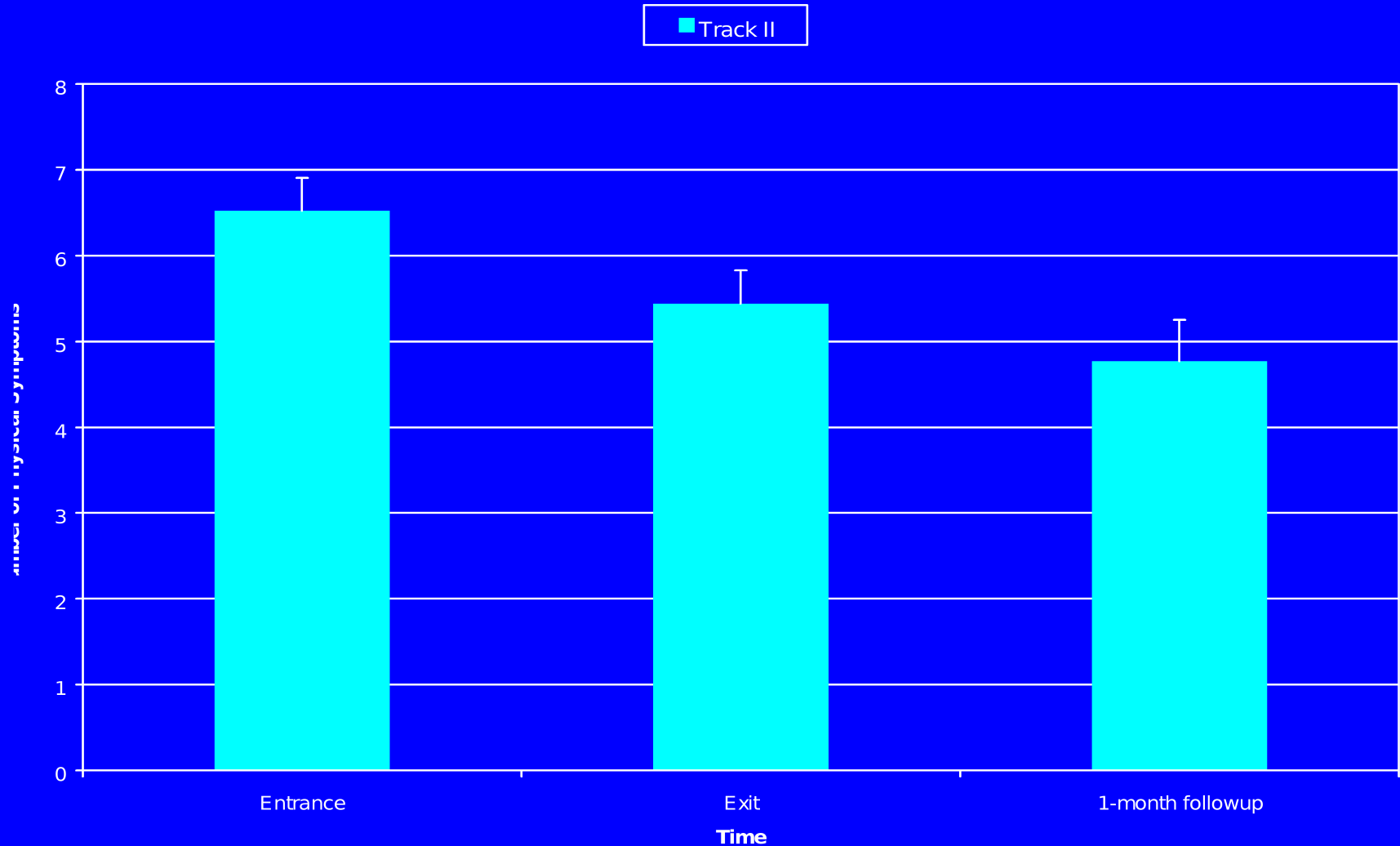
...and Mental health functioning improves

Mean SF-12 MCS Scores at three Time Points among Track II Patients



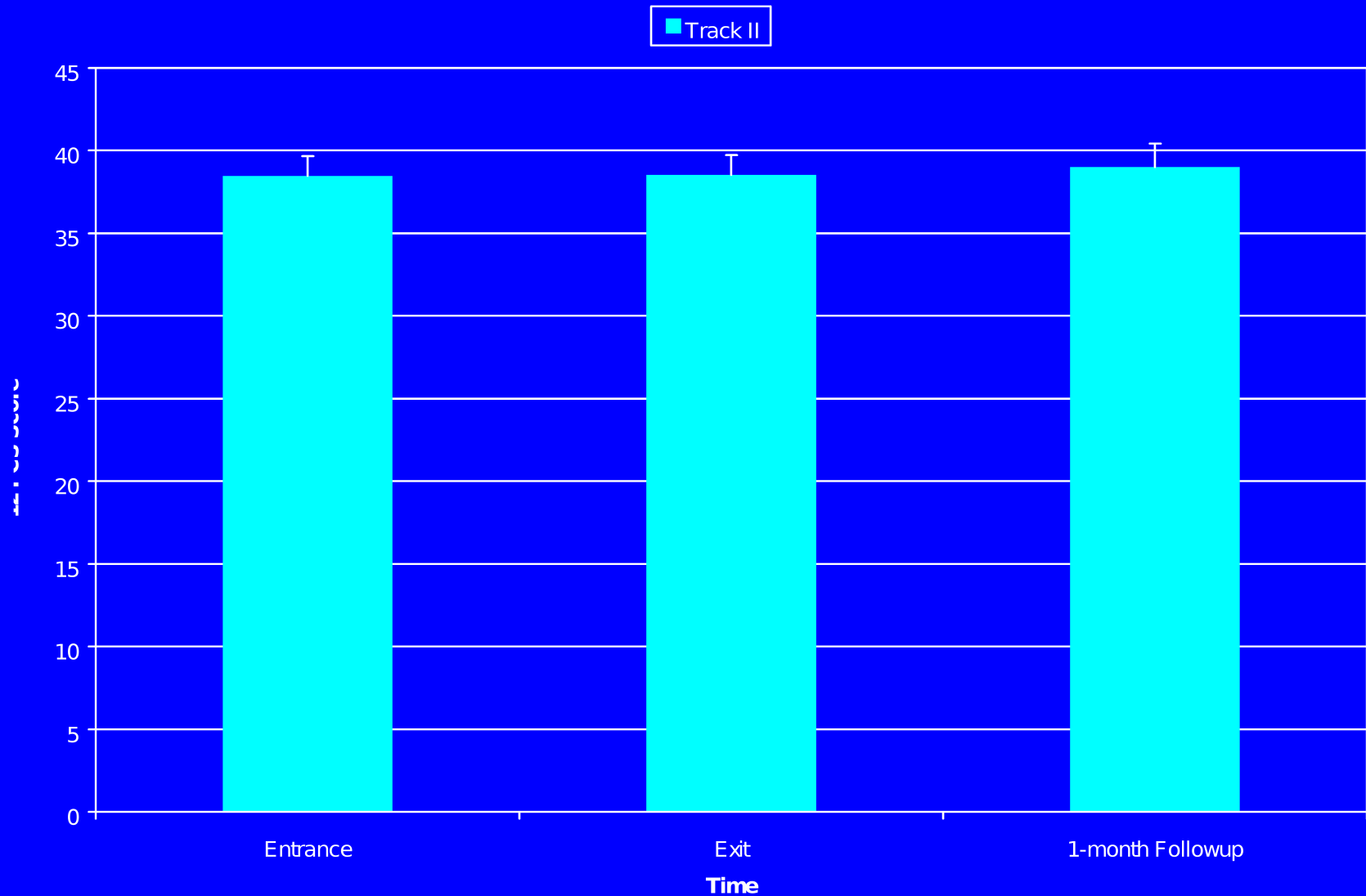
Somatic symptoms decrease, BUT...

Number of Physical Symptoms at three Time Points among Track II Patients

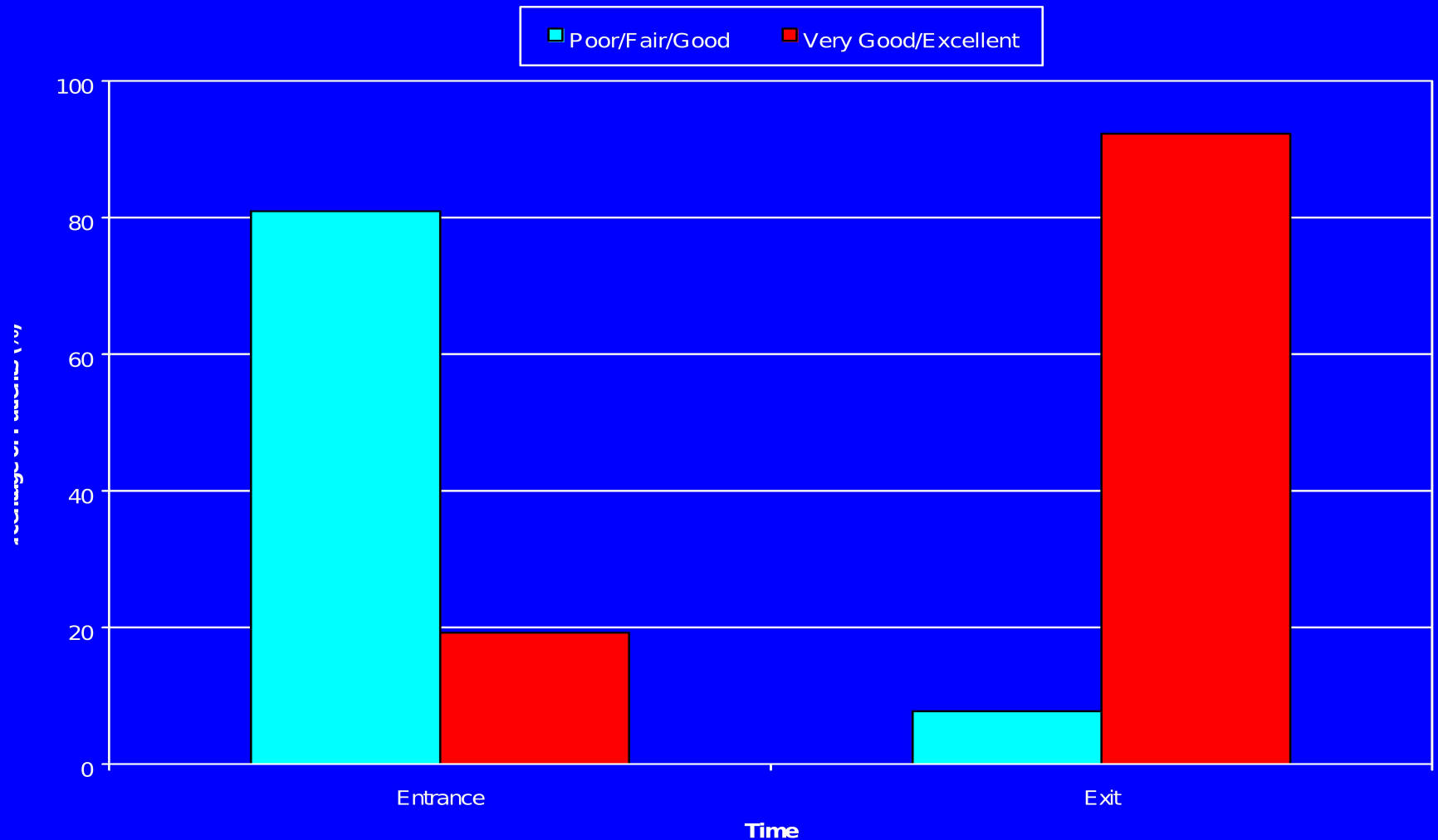


...physical functioning is unchanged

Mean SF-12 PCS Scores at three Time Points among Track II Patients



Patient satisfaction with health care is greatly increased...



Summary Conclusions

- ♠ Average soldier at entry is:
 - ✓ Dissatisfied with military care
 - ✓ Experiencing substantial levels of depression, anxiety and somatic symptoms
- ♠ Soldier one month after program conclusion
 - ✓ Experienced modest improvements in PTSD and depression symptoms
 - ✓ Showed better mental health but not physical health functioning
 - ✓ Manifest a marked change in satisfaction with military medical care

For Questions and Information



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